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<b>0010/PTO</b> Rev. 6/95  <b>U.S. Department of Commerce</b> Patent and Trademark Office  <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.97958
	First Named Inventor	Michael W. Pariza
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANIMAL BODY FAT CONTROL**

the specification of which

(Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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## DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number or label   
OR  
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Herbert W. Mylius	24,578	Bruce T. Neel	37,406
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551
Charles W. Jirauch	26,186	Richard T. Roche	38,599
Nicholas J. Seay	27,386	Alexander B. Ching	41,669
George E. Haas	27,642	Terri S. Flynn	41,756
Michael J. McGovern	28,326	John T. Pienkos	42,997
Carl R. Schwartz	29,437	Daniel G. Radler	43,028
Keith M. Baxter	31,233	Gregory M. Smith	43,136
John D. Franzini	31,356	Steven J. Wietrzny	44,402
Janine R. Novatt	32,593	Paul D. Amrozowicz	45,264
Jean C. Baker	35,433	David M. Kettner	45,598
David G. Ryser	36,407	Adam J. Forman	46,707
Bennett J. Berson	37,094	Zhibin Ren	47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label  OR ☒ Fill in correspondence address below

Name: Bennett J. Berson  
Address: Quarles & Brady LLP  
Address: P O Box 2113  
City: Madison State: WI Zip: 53701-2113  
Country: USA Telephone: (608)251-5000 Fax: (608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given: Michael Middle: W. Family: Pariza Suffix:

Inventor's Signature:  Date:

Residence: Madison State: WI Country: U.S. Citizenship: U.S.

Post Office: 7102 Valhalla Trail

Post Office:

City: Madison State: WI Zip: 53719 Country: U.S. Applicant Authority:

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given	Yeonhwa				Middle		Family	Park			Suffix								
Inventor's												Date							
Residence:		Madison				State	WI	Country	U.S.			Citizenship	Korean						
Post Office		5-A University Houses																	
Post Office																			
City	Madison				State	WI	Zip	53705			Country	U.S.			Applicant Authority				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle Initial		Family Name				Suffix								
Inventor's												Date							
Residence:						State		Country				Citizenship							
Post Office																			
Post Office																			
City					State		Zip				Country				Applicant Authority				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle		Family				Suffix								
Inventor's												Date							
Residence:						State		Country				Citizenship							
Post Office																			
Post Office																			
City					State		Zip				Country				Applicant Authority				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle		Family				Suffix								
Inventor's												Date							
Residence:						State		Country				Citizenship							
Post Office																			
Post Office																			
City					State		Zip				Country				Applicant Authority				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle		Family				Suffix								
Inventor's												Date							
Residence:						State		Country				Citizenship							
Post Office																			
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Additional inventors are being named on supplemental sheet(s) attached hereto

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